



APPLICATION FOR EMPLOYMENT

Date: _____

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it correct and active. Be sure to sign and date the application. **Please Print.**

PERSONAL BACKGROUND

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: () _____ SOCIAL SECURITY NUMBER: _____

POSITION APPLIED FOR: _____

DO YOU WISH TO WORK PART-TIME _____ FULL-TIME _____

DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU WILLING TO WORK OVERTIME AS NECESSARY? YES _____ NO _____

HAVE YOU EVER APPLIED TO THIS TOWN BEFORE? _____ DATE: _____

EDUCATIONAL BACKGROUND

SCHOOL NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
Grammar School			
High School			
College			
Graduate School			
Vocational Training - Other			

SPECIAL TRAINING OR SKILLS which would make you a more desirable candidate for the position which you are applying:

Shorthand _____ w.p.m. Typing _____ w.p.m.

Other office equipment _____

Are there any other experiences, skills or abilities that you feel especially qualify you for work with the Town?

Are you legally authorized to work in the United States? YES _____ NO _____

If hired, you will be required to verify your identity and work authorization in compliance with the Immigration Reform and Control Act (IRCA).

Are you over the age of 18? YES _____ NO _____ If not, state your age. _____

Have you ever served in the U. S. Armed Forces? YES _____ NO _____

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion or national origin.)

EMPLOYMENT EXPERIENCE

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Place an **X** by the employer(s) you do **not** want us to contact. Your work experience may include any verifiable volunteer work you have performed. List your most recent employer first.

1. Employer _____
Address _____ Phone () _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____
Salary – Starting _____ Final _____
Work Performed _____
Reason for leaving _____
2. Employer _____
Address _____ Phone () _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____
Salary – Starting _____ Final _____
Work Performed _____
Reason for leaving _____
3. Employer _____
Address _____ Phone () _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____
Salary – Starting _____ Final _____
Work Performed _____
Reason for leaving _____

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

1. Name _____ Phone () _____
Address _____
 2. Name _____ Phone () _____
Address _____
 3. Name _____ Phone () _____
Address _____
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Read carefully and sign below. Thank you for your interest.

I understand and agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any falsification, misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from the Town of Hanover.

Any offer of employment I may receive from the Town of Hanover is contingent upon my successful completion of the Town 's receiving references that it considers satisfactory, and my satisfactory completion of any post offer preemployment medical examination that the Town my require. I also agree, if employed, to submit to a medical examination at any time at the Town's request. I hereby consent to having the results of any post offer preemployment or post-employment medical exams I may be required to take disclosed to the Town of Hanover.

I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drug screening at any time at the discretion of the Town. I hereby consent to having the results of an such alcohol and/or drug screening I may be required to undergo disclosed to the Town of Hanover.

In processing my application for employment, the Town may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, and mode of living. I understand that upon written request to the Town, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them and the Town of Hanover from any and all liability and/or damages arising from furnishing the requested information.

Should I be employed by the Town, I agree to comply with the policies, rules, regulations, and procedures of the Town and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Town or myself. I further understand that no manager or representative of the Town, other than the Selectmen, or specific Board or Department has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement if made, shall not be enforceable unless it is in writing and signed by me an by one of the individuals designated above.

I understand that receipt of this application does not imply that I will be employed.

Signature_____Date_____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.
